WILLOWCREST CARE CENTER 3821 SOUTH CHICAGO AVENUE

SOUTH MILWAUKEE 53172 Phone: (414) 762-7336 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 91 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care	No	   Primary Diagnosis		Age Groups	୍ଚ		60.0		
Supp. Home Care-Personal Care	No					1 - 4 Years	28.9		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.9	More Than 4 Years	11.1		
Day Services	No	Mental Illness (Org./Psy)	1.1	65 - 74 8.					
Respite Care	Yes	Mental Illness (Other)	1.1	75 - 84	48.9		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.9	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over 4.4		Full-Time Equivalent			
Congregate Meals No		Cancer				Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	3.3	65 & Over	91.1				
Transportation	No	Cerebrovascular	2.2			RNs	10.6		
Referral Service	No	Diabetes	13.3	Sex	용	LPNs	13.8		
Other Services	Yes	Respiratory	2.2			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	76.7	Male	32.2	Aides, & Orderlies	38.9		
Mentally Ill	No			Female	67.8				
Provide Day Programming for			100.0						
Developmentally Disabled No					100.0				
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## Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay		:	Family Care		]	Managed Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	23	100.0	291	44	93.6	119	2	100.0	167	9	100.0	197	0	0.0	0	4	100.0	336	82	91.1
Intermediate				3	6.4	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	5	100.0	119	0	0.0	0	5	5.6
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		47	100.0		2	100.0		9	100.0		5	100.0		4	100.0		90	100.0

WILLOWCREST CARE CENTER

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of					
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	8.9		70.0	21.1	90					
Other Nursing Homes	0.7	Dressing	16.7		63.3	20.0	90					
Acute Care Hospitals	94.0	Transferring	25.6		52.2	22.2	90					
Psych. HospMR/DD Facilities	0.0	Toilet Use	24.4		46.7	28.9	90					
Rehabilitation Hospitals	0.0	Eating	66.7		20.0	13.3	90					
Other Locations	2.0	* * * * * * * * * * * * * * * * * * *	*****	*****	******	* * * * * * * * * * * * * * * * * * * *	******					
Total Number of Admissions	299	Continence		용	Special Treatm	ents	ଚ୍ଚ					
Percent Discharges To:		Indwelling Or Extern	al Catheter	10.0	Receiving Re	spiratory Care	2.2					
Private Home/No Home Health	36.4	Occ/Freq. Incontinen	t of Bladder	46.7	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	1.3	Occ/Freq. Incontinen	t of Bowel	32.2	Receiving Su	ctioning	0.0					
Other Nursing Homes	16.5				Receiving Os	tomy Care	7.8					
Acute Care Hospitals	19.2	Mobility			Receiving Tu	be Feeding	3.3					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Me	chanically Altered Diet	s 18.9					
Rehabilitation Hospitals	0.0											
Other Locations	1.3	Skin Care			Other Resident	Characteristics						
Deaths	25.3	With Pressure Sores		16.7	Have Advance	Directives	91.1					
Total Number of Discharges		With Rashes		5.6	Medications							
(Including Deaths)	297				Receiving Ps	ychoactive Drugs	46.7					

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Facilities			
	%	%	Ratio	96	Ratio	%	Ratio	%	Ratio		
Occupancy Pater Average Pails Coneys / Licensed Pede	96.7	81.9	1.18	86.7	1.12	84.2	1.15	85.1	1.14		
Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County	85.6	83.1	1.10	90.3	0.95	85.3	1.13	76.6	1.14		
Admissions from In-County, Still Residing	13.7	18.8	0.73	20.3	0.68	21.0	0.65	20.3	0.68		
Admissions/Average Daily Census	339.8	182.0	1.87	186.6	1.82	153.9	2.21	133.4	2.55		
	337.5	180.8	1.87	185.6	1.82	156.0	2.16	135.4	2.49		
Discharges/Average Daily Census											
Discharges To Private Residence/Average Daily Census	127.3	69.3	1.84	73.5	1.73	56.3	2.26	56.6	2.25		
Residents Receiving Skilled Care	91.1	93.0	0.98	94.8	0.96	91.6	0.99	86.3	1.06		
Residents Aged 65 and Older	91.1	87.1	1.05	89.2	1.02	91.5	1.00	87.7	1.04		
Title 19 (Medicaid) Funded Residents	52.2	66.2	0.79	50.4	1.04	60.8	0.86	67.5	0.77		
Private Pay Funded Residents	10.0	13.9	0.72	30.4	0.33	23.4	0.43	21.0	0.48		
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	2.2	30.2	0.07	27.0	0.08	32.8	0.07	33.3	0.07		
General Medical Service Residents	76.7	23.4	3.27	27.0	2.84	23.3	3.30	20.5	3.74		
Impaired ADL (Mean)	46.7	51.7	0.90	48.9	0.95	51.0	0.91	49.3	0.95		
Psychological Problems	46.7	52.9	0.88	55.5	0.84	53.9	0.87	54.0	0.86		
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Nursing Care Required (Mean)	6.8	7.2	0.94	6.8	1.01	7.2	0.95	7.2	0.95		